

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
091704384
APPLICANT(S)

FILING DATE

6/25/07

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2		/		
3				
4				
5	/			
6		/		
7				
8				
9	/			
10		/		
11				
12				
13	/			
14				
15				
16	/			
17	/			
18				
19				
20		/		
21	/			
22				
23		/		
24				
25	/			
26		/		
27				
28		/		
29				
30	/			
31				
32		/		
33				
34		/		
35				
36		/		
37				
38		/		
39				
40		/		
41				
42		/		
43				
44		/		
45				
46				
47				
48				
49				
50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

34